



*Town of Carlisle*  
*Office of*  
**BOARD OF HEALTH**  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521

**2016 Application for a License  
For the Keeping of Animals in Carlisle  
(September 1, 2016 - August 31, 2017)**

To the Carlisle Board of Health:

Application is hereby made for a license in accordance with the provisions of Mass. General Laws, Ch. 111, Section 155 and Ch 129 Section 7:

Applicant: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Property Location of Animals: \_\_\_\_\_

Property Owner (if different) \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Type and Number of Animals  
\_\_\_\_\_  
\_\_\_\_\_

**Fee: \$25.00. Due: September 15, 2016.** A check payable to the "Town of Carlisle" must accompany this application. A late fee will be charged after October 1, 2016.

Fee paid: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**Do you plan on having pigs (swine) on your property during the period of this license?** Yes [  ] No [  ]

If YES, complete and return the enclosed **Swine Supplement** to this office when the pigs arrive.

I hereby agree to comply with the **Town of Carlisle Manure Management** and **Town of Carlisle Swine Regulations** (if appropriate) and that the issuance of this license in no way releases me from the obligation to obtain any other permits or licenses required by any local, state, federal or another regulatory agency.

\_\_\_\_\_  
Signature of Applicant {PLEASE COMPLETE OTHER SIDE} Date

LICENSE APPROVED

Board of Health \_\_\_\_\_ Date: \_\_\_\_\_

Animal Inspector \_\_\_\_\_ Date: \_\_\_\_\_

## Manure Management Plan - Self Certification Checklist

Reference: Town of Carlisle Manure Management Regulations<sup>1</sup>, online at: [http://www.carlislema.gov/pages/CarlisleMA\\_Health/regs/manure](http://www.carlislema.gov/pages/CarlisleMA_Health/regs/manure)

### **PRESUMPTIONS<sup>2</sup>**

1. Manure will be managed. It will be collected frequently and properly maintained.
2. Managed waste will not be within 100' of any potable water supply well.
3. Managed waste will not be located within 100' of a wetland.
4. Managed waste will not be located closer than 40' to the lot line or within 100' of any adjacent dwelling.
5. A request for a variance from any condition in the regulations will be reviewed and decided by the Board of Health. An approved variance expires with the barn license and will be reviewed for re-approval on an annual basis.

**Check (✓) to verify compliance with Carlisle Manure Management Regulations.**

### Location

Collected manure (managed waste) is:

Check all that apply →	<input type="checkbox"/> Placed in a manure stockpile	<input type="checkbox"/> Added to compost pile	<input type="checkbox"/> Spread in a pasture consistent with good agricultural practices and USDA guidelines	<input type="checkbox"/> Transported off site Frequency _____
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	At least 100' from all potable water supply wells
	At least 100' from any wetland
	At least 100' from any adjacent property dwelling
	At least 40' from the lot line of any direct abutter

### Containment and Disposal

Managed waste is kept in areas that promote regular collection of waste & minimize leakage of manure constituents:

	Easily accessible from livestock housing or paddocks
	Free of storm water run-off from any structure
	Graded to keep surface water from running over or through the managed waste
	Not subject to seasonal flooding
	Accessible to needed equipment to facilitate disposal or management by equipment
	Where the travel path of equipment will not cross the sewage soil absorption system

### Transport

	Managed waste is not transported on any public or private way or street unless contained in a manner that no manure or constituents are dropped on the street
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### Noisome Impact Control

In order to control odors and manure fly populations, managed waste will be:

Check all that apply →	<input type="checkbox"/> Kept under cover	<input type="checkbox"/> Composted	<input type="checkbox"/> Removed off-site on a sufficiently regular basis
	<i>Flies only:</i> <input type="checkbox"/> Provided with fly traps <input type="checkbox"/> Treated with fly parasites		

### Compliance

Compliance with manure management performance standards shall be determined by the Board of Health or its agents. More detailed information about your practices may be requested.

**Owner's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Reviewed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<sup>1</sup> Documents and web addresses may change, so visit the Board of Health website at [www.carlislema.gov](http://www.carlislema.gov) for the most up-to-date regulations.

<sup>2</sup> See Town of Carlisle Manure Management Regulations for more detail.